

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	/		/			
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<b>TOTAL</b>	<b>IND.</b>	<b>3</b>		<b>21</b>		
<b>TOTAL</b>	<b>DEP.</b>	<b>22</b>	↔	<b>29</b>	↔	↔
<b>TOTAL</b>	<b>CLAIMS</b>	<b>25</b>		<b>31</b>		

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
<b>TOTAL</b>	<b>IND.</b>					
<b>TOTAL</b>	<b>DEP.</b>		↔		↔	↔
<b>TOTAL</b>	<b>CLAIMS</b>					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS